

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/15/2020 10:10 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/15/2020	Time: 10:10 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST GLENOAKS HOSPITAL (14-0292) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) JARED BROWN

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	135,099	9,747	0	0	1.00
2.00	Subprovider - IPF	0	9,129	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	144,228	9,747	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0292		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 10:10 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 701 WINTHROP AVENUE			PO Box:				1.00			
2.00	City: GLENDALE HEIGHTS			State: IL		Zip Code: 60139-		County: DUPAGE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			ADVENTIST GLENOAKS HOSPITAL	140292	16974	1	11/23/1982	N	P	O
4.00	Subprovider - IPF			GLEN OAKS MED CTR PSYCH UNIT	14S292	16974	4	01/01/1984	N	P	T
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019		12/31/2019		20.00
21.00	Type of Control (see instructions)						1				21.00
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		Y		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			439	1,443	0	47	5,984	42		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/15/2020 10:10 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	Y
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/15/2020 10:10 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						

Worksheet S-2
Part I
Date/Time Prepared:
7/15/2020 10:10 am

MCRIF32 - 16.1.168.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 10:10 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 10:10 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,167,930	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0292		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 10:10 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001				141.00
142.00	Street: 900 HOPE WAY		PO Box:						142.00
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714				143.00
									1.00
144.00 Are provider based physicians' costs included in Worksheet A?									Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
									1.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.									N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.									N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.									N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		155.00
156.00	Subprovider - IPF			N	N	N	N		156.00
157.00	Subprovider - IRF			N	N	N	N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF			N	N	N	N		159.00
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00
161.00	CMHC				N	N	N		161.00
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/15/2020 10:10 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/04/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/15/2020 10:10 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3721	ANNE.LITTLE@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/15/2020 10:10 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/15/2020 10:10 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	112	40,880	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		122	44,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		138			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/15/2020 10:10 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,743	1,565	21,733			1.00
2.00	HMO and other (see instructions)	2,688	6,026				2.00
3.00	HMO IPF Subprovider	886	281				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,743	1,565	21,733			7.00
8.00	INTENSIVE CARE UNIT	1,033	111	2,613			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		239	695			13.00
14.00	Total (see instructions)	7,776	1,915	25,041	0.00	687.17	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,831	41	4,679	0.00	58.18	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			62			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	745.35	27.00
28.00	Observation Bed Days		32	1,366			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	14	58			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/15/2020 10:10 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,434	230	5,300	1.00
2.00 HMO and other (see instructions)			514	1,354		2.00
3.00 HMO IPF Subprovider				32		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,434	230	5,300	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	225	4	397	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/15/2020 10:10 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	33,754,140	23,544	33,777,684	1,550,694.00	21.78
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,648,869	0	6,648,869	260,368.00	25.54
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		229,068	0	229,068	1,477.00	155.09
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		412,127	0	412,127	3,071.00	134.20
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		3,019,198	0	3,019,198	60,328.00	50.05
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		5,895,206	0	5,895,206		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,469,952	0	1,469,952		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		386,650	0	386,650		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/15/2020 10:10 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-23,544	23,544	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,402,447	0	1,402,447	18,325.00	76.53	27.00
28.00	Administrative & General under contract (see inst.)		38,573	0	38,573	220.00	175.33	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	902,690	0	902,690	59,633.00	15.14	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,189,310	0	1,189,310	54,472.00	21.83	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,538,419	0	1,538,419	54,713.00	28.12	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,142,016	0	1,142,016	32,023.00	35.66	38.00
39.00	Central Services and Supply	14.00	123,418	0	123,418	11,041.00	11.18	39.00
40.00	Pharmacy	15.00	1,393,757	0	1,393,757	46,760.00	29.81	40.00
41.00	Medical Records & Medical Records Library	16.00	14,713	0	14,713	1,072.00	13.72	41.00
42.00	Social Service	17.00	203,429	0	203,429	7,889.00	25.79	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/15/2020 10:10 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,520,442	23,544	36,543,986	1,660,099.00	22.01	1.00
2.00	Excluded area salaries (see instructions)	6,648,869	0	6,648,869	260,368.00	25.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,871,573	23,544	29,895,117	1,399,731.00	21.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,660,393	0	3,660,393	64,876.00	56.42	4.00
5.00	Subtotal wage-related costs (see inst.)	6,281,856	0	6,281,856	0.00	21.01	5.00
6.00	Total (sum of lines 3 thru 5)	39,813,822	23,544	39,837,366	1,464,607.00	27.20	6.00
7.00	Total overhead cost (see instructions)	7,925,228	23,544	7,948,772	286,148.00	27.78	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/15/2020 10:10 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	906,012	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,712,293	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-86,877	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	245,926	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,466,287	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	49,541	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	71,976	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,365,158	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	229,068	7,365,158	1.00
2.00	Hospital	229,068	7,365,158	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 7/15/2020 10:10 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.263429	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			26,117,404	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			85,241,939	6.00
7.00	Medicaid cost (line 1 times line 6)			22,455,199	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			23,244	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,832,523	2,433,632	11,266,155	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,326,743	2,433,632	4,760,375	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,326,743	2,433,632	4,760,375	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,735,589	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			618,992	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			952,297	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,783,292	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,593,363	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,353,738	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,353,738	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,864,189	2,864,189	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,153,180	1,153,180	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-23,544	4,714,550	4,691,006	0	4,691,006	4.00
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.04	00570	ADMITTING	52,035	29,363	81,398	0	81,398	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,350,412	23,043,634	24,394,046	-168,957	24,225,089	5.06
7.00	00700	OPERATION OF PLANT	902,690	2,393,773	3,296,463	-30,970	3,265,493	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	50,400	50,400	8.00
9.00	00900	HOUSEKEEPING	0	1,680,792	1,680,792	-52,980	1,627,812	9.00
10.00	01000	DIETARY	0	2,276,570	2,276,570	-1,468,878	807,692	10.00
11.00	01100	CAFETERIA	0	0	0	1,467,467	1,467,467	11.00
13.00	01300	NURSING ADMINISTRATION	1,142,016	276,293	1,418,309	-65,015	1,353,294	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123,418	89,302	212,720	-200,462	12,258	14.00
15.00	01500	PHARMACY	1,393,757	3,535,296	4,929,053	-3,350,944	1,578,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,713	20,893	35,606	0	35,606	16.00
17.00	01700	SOCIAL SERVICE	203,429	164,631	368,060	-43	368,017	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,565,265	1,691,395	12,256,660	-2,451,029	9,805,631	30.00
31.00	03100	INTENSIVE CARE UNIT	2,033,076	681,059	2,714,135	-185,542	2,528,593	31.00
40.00	04000	SUBPROVIDER - IPF	2,283,414	165,492	2,448,906	-31,834	2,417,072	40.00
43.00	04300	NURSERY	0	3,742	3,742	573,587	577,329	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,250,725	2,563,354	3,814,079	-1,982,280	1,831,799	50.00
51.00	05100	RECOVERY ROOM	187,371	33,125	220,496	-16,116	204,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	625,984	625,984	1,343,447	1,969,431	52.00
53.00	05300	ANESTHESIOLOGY	47,570	34,713	82,283	-901	81,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	896,474	825,134	1,721,608	-232,318	1,489,290	54.00
56.00	05600	RADIOISOTOPE	162,411	104,129	266,540	-81,663	184,877	56.00
57.00	05700	CT SCAN	480,913	115,752	596,665	-8,238	588,427	57.00
58.00	05800	MRI	154,069	21,870	175,939	1,877	177,816	58.00
59.00	05900	CARDIAC CATHETERIZATION	717,769	1,166,763	1,884,532	-1,002,605	881,927	59.00
60.00	06000	LABORATORY	1,223,174	1,256,225	2,479,399	-518,802	1,960,597	60.00
65.00	06500	RESPIRATORY THERAPY	749,632	257,572	1,007,204	-119,609	887,595	65.00
66.00	06600	PHYSICAL THERAPY	0	1,330,595	1,330,595	-171,246	1,159,349	66.00
67.00	06700	OCCUPATIONAL THERAPY	196	230,031	230,227	-349	229,878	67.00
68.00	06800	SPEECH PATHOLOGY	0	41,001	41,001	0	41,001	68.00
69.00	06900	ELECTROCARDIOLOGY	406,525	265,343	671,868	-39,724	632,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,406	1,116	22,522	0	22,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,913,981	2,913,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,564,787	1,564,787	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,230,337	3,230,337	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	269,221	269,221	-5,336	263,885	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	838	686	1,524	-77	1,447	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	474,230	57,850	532,080	-20,108	511,972	90.00
91.00	09100	EMERGENCY	2,574,701	2,317,642	4,892,343	-484,810	4,407,533	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,862,879	2,862,879	-2,472,416	390,463	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,388,685	55,147,770	84,536,455	0	84,536,455	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,449	3,554	13,003	0	13,003	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,600,834	1,600,834	0	1,600,834	192.00
192.03	19203	OP PHARMACY	175,420	826,142	1,001,562	0	1,001,562	192.03
194.00	07950	FOUNDATION	12,500	1,538	14,038	0	14,038	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	4,168,086	1,430,068	5,598,154	0	5,598,154	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	33,754,140	59,009,906	92,764,046	0	92,764,046	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	208,827	3,073,016	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	423,965	1,577,145	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	837,887	5,528,893	4.00
5.01	01160	COMMUNICATIONS	-23,875	-23,875	5.01
5.04	00570	ADMITTING	23,922	105,320	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-3,514,754	20,710,335	5.06
7.00	00700	OPERATION OF PLANT	-21,478	3,244,015	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,400	8.00
9.00	00900	HOUSEKEEPING	0	1,627,812	9.00
10.00	01000	DIETARY	0	807,692	10.00
11.00	01100	CAFETERIA	-288,502	1,178,965	11.00
13.00	01300	NURSING ADMINISTRATION	-1,285	1,352,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-429	11,829	14.00
15.00	01500	PHARMACY	90,492	1,668,601	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	193,249	228,855	16.00
17.00	01700	SOCIAL SERVICE	176,189	544,206	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-47,399	9,758,232	30.00
31.00	03100	INTENSIVE CARE UNIT	-13,667	2,514,926	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,417,072	40.00
43.00	04300	NURSERY	0	577,329	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,831,799	50.00
51.00	05100	RECOVERY ROOM	0	204,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-488,960	1,480,471	52.00
53.00	05300	ANESTHESIOLOGY	-10,342	71,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-634,090	855,200	54.00
56.00	05600	RADIOISOTOPE	0	184,877	56.00
57.00	05700	CT SCAN	-768	587,659	57.00
58.00	05800	MRI	-370	177,446	58.00
59.00	05900	CARDIAC CATHETERIZATION	-18,735	863,192	59.00
60.00	06000	LABORATORY	-4,400	1,956,197	60.00
65.00	06500	RESPIRATORY THERAPY	-9,429	878,166	65.00
66.00	06600	PHYSICAL THERAPY	-239	1,159,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	-432	229,446	67.00
68.00	06800	SPEECH PATHOLOGY	-257	40,744	68.00
69.00	06900	ELECTROCARDIOLOGY	-116,712	515,432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-603	2,913,378	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,466	1,563,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-11,174	3,219,163	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	-54	263,831	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03060	WOUND CARE	0	1,447	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-37,600	474,372	90.00
91.00	09100	EMERGENCY	-1,340,539	3,066,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-390,463	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,023,491	79,512,964	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,003	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,600,834	192.00
192.03	19203	OP PHARMACY	0	1,001,562	192.03
194.00	07950	FOUNDATION	0	14,038	194.00
194.01	07951	MARKETING	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	5,598,154	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,023,491	87,740,555	200.00

RECLASSIFICATIONS

Provider CCN: 14-0292

Period:
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To 12/31/2019

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,913,981		1.00
2.00	PHARMACY	15.00	0	15,395		2.00
3.00	MRI	58.00	0	1,396		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	2,930,772		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,467,467		1.00
	TOTALS		0	1,467,467		
	C - NURSERY					
1.00	NURSERY	43.00	395,791	180,367		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,389,006	20,138		2.00
	TOTALS		1,784,797	200,505		
	D - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	265,770		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	436,891		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	TOTALS		0	702,661		
	E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,080,387		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	629,865		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	TOTALS		0	2,710,252		

RECLASSIFICATIONS

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To 12/31/2019

Worksheet A-6

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
F - RADIOLOGY RECLASS					
1.00 RADIOISOTOPE	56.00	6,089	507		1.00
2.00 CT SCAN	57.00	60,612	5,050		2.00
3.00 MRI	58.00	9,901	825		3.00
TOTALS		76,602	6,382		
G - BILLABLE DRUGS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	3,230,337		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
TOTALS		0	3,230,337		
I - INSURANCE					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	62,621		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	21,000		2.00
TOTALS		0	83,621		
J - PROPERTY TAX					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	6,304		1.00
TOTALS		0	6,304		
K - IMPLANTIBLES					
1.00 IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,564,787		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
TOTALS		0	1,564,787		
M - INTEREST RECLASS					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	449,107		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	65,424		2.00
3.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2		3.00
TOTALS		0	514,533		
N - LINEN					
1.00 LAUNDRY & LINEN SERVICE	8.00	0	50,400		1.00
TOTALS		0	50,400		
P - NEGATIVE SALARIES RECLASS					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	23,544	0		1.00
TOTALS		23,544	0		
500.00 Grand Total: Increases		1,884,943	13,468,021		500.00

RECLASSIFICATIONS

Provider CCN: 14-0292

Period:
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		Decreases					7/15/2020 10:10 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - BILLABLE SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	171,016	0	1.00		
2.00	SOCIAL SERVICE	17.00	0	43	0	2.00		
3.00	ADULTS & PEDIATRICS	30.00	0	258,427	0	3.00		
4.00	INTENSIVE CARE UNIT	31.00	0	148,079	0	4.00		
5.00	SUBPROVIDER - IPF	40.00	0	17,756	0	5.00		
6.00	NURSERY	43.00	0	2,571	0	6.00		
7.00	OPERATING ROOM	50.00	0	582,533	0	7.00		
8.00	RECOVERY ROOM	51.00	0	7,134	0	8.00		
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	46,858	0	9.00		
10.00	ANESTHESIOLOGY	53.00	0	901	0	10.00		
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	91,680	0	11.00		
12.00	RADIOISOTOPE	56.00	0	73,771	0	12.00		
13.00	CT SCAN	57.00	0	73,561	0	13.00		
14.00	CARDIAC CATHETERIZATION	59.00	0	477,854	0	14.00		
15.00	LABORATORY	60.00	0	398,144	0	15.00		
16.00	RESPIRATORY THERAPY	65.00	0	100,674	0	16.00		
17.00	PHYSICAL THERAPY	66.00	0	14	0	17.00		
18.00	OCCUPATIONAL THERAPY	67.00	0	229	0	18.00		
19.00	ELECTROCARDIOLOGY	69.00	0	8,462	0	19.00		
20.00	INPATIENT RENAL DIALYSI	75.01	0	5,336	0	20.00		
21.00	WOUND CARE	76.01	0	77	0	21.00		
22.00	CLINIC	90.00	0	12,604	0	22.00		
23.00	EMERGENCY	91.00	0	453,048	0	23.00		
TOTALS			0	2,930,772				
B - CAFETERIA								
1.00	DIETARY	10.00	0	1,467,467	0	1.00		
TOTALS			0	1,467,467				
C - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	1,784,797	200,505	0	1.00		
2.00		0.00	0	0	0	2.00		
TOTALS			1,784,797	200,505				
D - RENT AND LEASES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,408	10	1.00		
2.00	OPERATION OF PLANT	7.00	0	360	10	2.00		
3.00	HOUSEKEEPING	9.00	0	2,580	0	3.00		
4.00	DIETARY	10.00	0	761	0	4.00		
5.00	NURSING ADMINISTRATION	13.00	0	600	0	5.00		
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,252	0	6.00		
7.00	PHARMACY	15.00	0	226,344	0	7.00		
8.00	ADULTS & PEDIATRICS	30.00	0	20,664	0	8.00		
9.00	SUBPROVIDER - IPF	40.00	0	670	0	9.00		
10.00	OPERATING ROOM	50.00	0	107,608	0	10.00		
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,471	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84	0	12.00		
13.00	MRI	58.00	0	120	0	13.00		
14.00	CARDIAC CATHETERIZATION	59.00	0	1,530	0	14.00		
15.00	LABORATORY	60.00	0	116,908	0	15.00		
16.00	RESPIRATORY THERAPY	65.00	0	18,935	0	16.00		
17.00	PHYSICAL THERAPY	66.00	0	171,232	0	17.00		
18.00	OCCUPATIONAL THERAPY	67.00	0	120	0	18.00		
19.00	ELECTROCARDIOLOGY	69.00	0	360	0	19.00		
20.00	EMERGENCY	91.00	0	2,654	0	20.00		
TOTALS			0	702,661				
E - DEPRECIATION								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	73,930	9	1.00		
2.00	OPERATION OF PLANT	7.00	0	30,610	9	2.00		
3.00	DIETARY	10.00	0	650	0	3.00		
4.00	NURSING ADMINISTRATION	13.00	0	64,415	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	183,000	0	5.00		
6.00	INTENSIVE CARE UNIT	31.00	0	32,743	0	6.00		
7.00	SUBPROVIDER - IPF	40.00	0	13,375	0	7.00		
8.00	OPERATING ROOM	50.00	0	259,030	0	8.00		
9.00	RECOVERY ROOM	51.00	0	8,941	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	745	0	10.00		
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,412	0	11.00		
12.00	RADIOISOTOPE	56.00	0	5,509	0	12.00		
13.00	MRI	58.00	0	10,102	0	13.00		
14.00	CARDIAC CATHETERIZATION	59.00	0	6,039	0	14.00		
15.00	EMERGENCY	91.00	0	14,172	0	15.00		
16.00	INTEREST EXPENSE	113.00	0	1,951,579	0	16.00		
TOTALS			0	2,710,252				

RECLASSIFICATIONS

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	F - RADIOLOGY RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	76,602	6,382	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		76,602	6,382			
	G - BILLABLE DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,855	0		1.00
2.00	PHARMACY	15.00	0	3,139,995	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3,636	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,481	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	33	0		5.00
6.00	OPERATING ROOM	50.00	0	15,845	0		6.00
7.00	RECOVERY ROOM	51.00	0	41	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	623	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,158	0		9.00
10.00	RADIOISOTOPE	56.00	0	8,979	0		10.00
11.00	CT SCAN	57.00	0	339	0		11.00
12.00	MRI	58.00	0	23	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	25	0		13.00
14.00	LABORATORY	60.00	0	3,750	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	30,902	0		15.00
16.00	CLINIC	90.00	0	7,504	0		16.00
17.00	EMERGENCY	91.00	0	11,148	0		17.00
	TOTALS		0	3,230,337			
	I - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	83,621	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	83,621			
	J - PROPERTY TAX						
1.00	INTEREST EXPENSE	113.00	0	6,304	13		1.00
	TOTALS		0	6,304			
	K - IMPLANTIBLES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,339	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,239	0		2.00
3.00	OPERATING ROOM	50.00	0	1,017,264	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	517,157	0		4.00
5.00	EMERGENCY	91.00	0	3,788	0		5.00
	TOTALS		0	1,564,787			
	M - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	514,533	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	514,533			
	N - LINEN						
1.00	HOUSEKEEPING	9.00	0	50,400	0		1.00
	TOTALS		0	50,400			
	P - NEGATIVE SALARIES RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,544	0		1.00
	TOTALS		0	23,544			
500.00	Grand Total: Decreases		1,861,399	13,491,565			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,869,112	0	0	0	0	1.00	
2.00	Land Improvements	647,781	0	0	0	0	2.00	
3.00	Buildings and Fixtures	41,686,283	50,588	0	50,588	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	8,990,007	760,182	0	760,182	0	5.00	
6.00	Movable Equipment	17,822,640	215,987	0	215,987	628,778	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	71,015,823	1,026,757	0	1,026,757	628,778	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	71,015,823	1,026,757	0	1,026,757	628,778	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,869,112	0					1.00
2.00	Land Improvements	647,781	0					
3.00	Buildings and Fixtures	41,736,871	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	9,750,189	0					
6.00	Movable Equipment	17,409,849	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	71,413,802	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	71,413,802	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	52,134,842	0	52,134,842	0.749660	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,409,849	0	17,409,849	0.250340	0	2.00
3.00	Total (sum of lines 1-2)	69,544,691	0	69,544,691	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,295,518	265,770	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,053,830	436,891	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,349,348	702,661	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	449,107	62,621	0	0	3,073,016	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,424	21,000	0	0	1,577,145	2.00
3.00	Total (sum of lines 1-2)	514,531	83,621	0	0	4,650,161	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-23,875	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-16,341	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,782,637			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	4,639,423			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-50	ADMITTING	5.04	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC REVENUE	B	-74,400	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02	MISC REVENUE	B	-5,137	OPERATION OF PLANT	7.00	0	33.02
33.03	MISC REVENUE	B	-288,502	CAFETERIA	11.00	0	33.03
33.04	MISC REVENUE	B	-40	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05	MISC REVENUE	B	-998	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	33.06
33.07	MISC REVENUE	B	-60	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	MISC REVENUE	A	-2,242	LABORATORY	60.00	0	33.08
33.09	MISC REVENUE	A	-900	RESPIRATORY THERAPY	65.00	0	33.09
33.10	MISC REVENUE	A	-34,985	CLINIC	90.00	0	33.10
33.11	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.11
33.12	LOBBYING	A	-23,200	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.12
33.13	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.13
33.14	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.14
33.15	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.15
33.16	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.17
33.18	HOSPICE	A	-2,101	RADIOLOGY-DIAGNOSTIC	54.00	0	33.18
33.19	HOSPICE	A	-768	CT SCAN	57.00	0	33.19
33.20	HOSPICE	A	-370	MRI	58.00	0	33.20
33.21	HOSPICE	A	-3,500	LABORATORY	60.00	0	33.21
33.22	HOSPICE	A	-8,339	RESPIRATORY THERAPY	65.00	0	33.22
33.23	HOSPICE	A	-239	PHYSICAL THERAPY	66.00	0	33.23
33.24	HOSPICE	A	-432	OCCUPATIONAL THERAPY	67.00	0	33.24
33.25	HOSPICE	A	-257	SPEECH PATHOLOGY	68.00	0	33.25
33.26	HOSPICE	A	-789	ELECTROCARDIOLOGY	69.00	0	33.26
33.27	HOSPICE	A	-603	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.27
33.28	HOSPICE	A	-1,466	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.28
33.29	HOSPICE	A	-11,174	DRUGS CHARGED TO PATIENTS	73.00	0	33.29
33.30	HOSPICE	A	-54	INPATIENT RENAL DIALYSIS	75.01	0	33.30
33.31	HOSPICE	A	-2,250	EMERGENCY	91.00	0	33.31
33.32	HOSPICE	A	-42,822	ADULTS & PEDIATRICS	30.00	0	33.32
33.33	HOSPICE	A	-13,667	INTENSIVE CARE UNIT	31.00	0	33.33
33.34	PROPERTY TAX	A	-6,304	CAP REL COSTS-BLDG & FIXT	1.00	13	33.34
33.35	STATE ASSESSMENT	A	-5,054,684	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.35
33.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.36
33.37	ADVERTISING & MARKETING	A	-10,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.37
33.38	ADVERTISING & MARKETING	A	-480	PHARMACY	15.00	0	33.38
33.39	ADVERTISING & MARKETING	A	-1,895	SOCIAL SERVICE	17.00	0	33.39
33.40	ADVERTISING & MARKETING	A	-639	ADULTS & PEDIATRICS	30.00	0	33.40
33.41	ADVERTISING & MARKETING	A	-190	RESPIRATORY THERAPY	65.00	0	33.41
33.42	ENTERTAINMENT	A	-2,041	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.42
33.43	ENTERTAINMENT	A	-1,285	NURSING ADMINISTRATION	13.00	0	33.43
33.44	ENTERTAINMENT	A	-257	RADIOLOGY-DIAGNOSTIC	54.00	0	33.44
33.45	ENTERTAINMENT	A	-1,934	EMERGENCY	91.00	0	33.45
33.46	AMBULANCE	A	-429	CENTRAL SERVICES & SUPPLY	14.00	0	33.46
33.47	AMBULANCE	A	-17,976	EMERGENCY	91.00	0	33.47
33.48	CHARITABLE & COMMUNITY SERVICE	A	-31,150	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.48
33.49	CHARITABLE & COMMUNITY SERVICE	A	-1,895	SOCIAL SERVICE	17.00	0	33.49
33.50	SELF INSURANCE	A	-127,122	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.50
33.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.51
33.52	GAIN-LOSS	A	-840	INTEREST EXPENSE	113.00	0	33.52

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.53	FEDERAL AND STATE TAX	A	-35,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.53
33.54	FEDERAL AND STATE TAX	A	-13,352	INTEREST EXPENSE	113.00	0	33.54
33.55	NON ALLOWABLE BORROWING	A	-13,243	INTEREST EXPENSE	113.00	0	33.55
33.56	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.56
33.57	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.57
33.58	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.58
33.59	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.59
33.60	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.60
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,023,491				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/15/2020 10:10 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	102,897	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	412,928	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	15,057	33,101	3.00
3.01	5.00	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	4,245,718	4,195,063	3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	365,383	347,563	3.02
3.03	113.00	INTEREST EXPENSE	AHS HOME OFFICE	527,776	890,804	3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	7,741	0	3.04
3.05	5.00	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	2,355,149	2,361,496	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	907	543	3.06
4.00	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	112,234	0	4.00
4.01	5.00	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	442,063	1,196,730	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	3,268	3,268	4.02
4.03	2.00	CAP REL COSTS-MVBLE EQUIP	AMITA HOME OFFICE	11,037	0	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	AMITA HOME OFFICE	975,312	0	4.04
4.05	5.00	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	13,726,232	10,178,087	4.05
4.06	5.04	ADMITTING	AMITA HOME OFFICE	23,972	0	4.06
4.07	15.00	PHARMACY	AMITA HOME OFFICE	90,972	0	4.07
4.08	16.00	MEDICAL RECORDS & LIBRARY	AMITA HOME OFFICE	175,105	0	4.08
4.09	17.00	SOCIAL SERVICE	AMITA HOME OFFICE	250,985	0	4.09
4.10	60.00	LABORATORY	AMITA HOME OFFICE	1,342	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			23,846,078	19,206,655	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	ADVENTHEALTH	0.00	6.00
7.00	B	0.00	AMITA HEALTH	0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/15/2020 10:10 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	102,897	9		1.00
2.00	412,928	9		2.00
3.00	-18,044	0		3.00
3.01	50,655	0		3.01
3.02	17,820	0		3.02
3.03	-363,028	0		3.03
3.04	7,741	0		3.04
3.05	-6,347	0		3.05
3.06	364	0		3.06
4.00	112,234	9		4.00
4.01	-754,667	0		4.01
4.02	0	9		4.02
4.03	11,037	9		4.03
4.04	975,312	0		4.04
4.05	3,548,145	0		4.05
4.06	23,972	0		4.06
4.07	90,972	0		4.07
4.08	175,105	0		4.08
4.09	250,985	0		4.09
4.10	1,342	0		4.10
5.00	4,639,423			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
7/15/2020 10:10 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	33,375	0	33,375	237,100	267	1.00
2.00	53.00	ANESTHESIOLOGY	23,800	0	23,800	239,400	119	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	15,000	0	15,000	169,700	120	3.00
4.00	91.00	EMERGENCY	25,976	0	25,976	179,000	125	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	134,903	0	134,903	179,000	1,296	5.00
6.00	17.00	SOCIAL SERVICE	140,942	0	140,942	179,000	836	6.00
7.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	375	375	0	0	0	7.00
8.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,097,278	1,097,278	0	0	0	8.00
9.00	17.00	SOCIAL SERVICE	2,000	2,000	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	483,750	483,750	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	631,672	631,672	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	18,735	18,735	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	115,923	115,923	0	0	0	13.00
14.00	91.00	EMERGENCY	1,303,160	1,303,160	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	411	0	411	179,000	2	15.00
16.00	90.00	CLINIC	32,885	0	32,885	239,400	263	16.00
17.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	3,450	0	3,450	179,000	28	17.00
18.00	17.00	SOCIAL SERVICE	1,385	0	1,385	179,000	16	18.00
200.00			4,065,020	3,652,893	412,127		3,072	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	30,435	1,522	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	13,697	685	0	0	0	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	9,790	490	0	0	0	3.00
4.00	91.00	EMERGENCY	10,757	538	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	111,531	5,577	0	0	0	5.00
6.00	17.00	SOCIAL SERVICE	71,944	3,597	0	0	0	6.00
7.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	7.00
8.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	8.00
9.00	17.00	SOCIAL SERVICE	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	172	9	0	0	0	15.00
16.00	90.00	CLINIC	30,270	1,514	0	0	0	16.00
17.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	2,410	121	0	0	0	17.00
18.00	17.00	SOCIAL SERVICE	1,377	69	0	0	0	18.00
200.00			282,383	14,122	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	30,435	2,940	2,940		1.00
2.00	53.00	ANESTHESIOLOGY	0	13,697	10,103	10,103		2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	0	9,790	5,210	5,210		3.00
4.00	91.00	EMERGENCY	0	10,757	15,219	15,219		4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	111,531	23,372	23,372		5.00
6.00	17.00	SOCIAL SERVICE	0	71,944	68,998	68,998		6.00
7.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	375		7.00
8.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,097,278		8.00
9.00	17.00	SOCIAL SERVICE	0	0	0	2,000		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	483,750		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	631,672		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	18,735		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	115,923		13.00
14.00	91.00	EMERGENCY	0	0	0	1,303,160		14.00
15.00	53.00	ANESTHESIOLOGY	0	172	239	239		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
7/15/2020 10:10 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
16.00	90.00	CLINIC	0	30,270	2,615	2,615		16.00
17.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	2,410	1,040	1,040		17.00
18.00	17.00	SOCIAL SERVICE	0	1,377	8	8		18.00
200.00			0	282,383	129,744	3,782,637		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,073,016	3,073,016			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,577,145		1,577,145		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,528,893	9,740	4,999	5,543,632	4.00
5.01	01160	COMMUNICATIONS	-23,875	0	0	0	5.01
5.04	00570	ADMITTING	105,320	23,862	12,247	8,540	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	20,710,335	183,447	94,149	221,631	5.06
7.00	00700	OPERATION OF PLANT	3,244,015	439,893	225,763	148,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	50,400	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,627,812	32,263	16,558	0	9.00
10.00	01000	DIETARY	807,692	90,043	46,212	0	10.00
11.00	01100	CAFETERIA	1,178,965	52,326	26,855	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,352,009	12,759	6,548	187,429	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,829	103,898	53,323	20,255	14.00
15.00	01500	PHARMACY	1,668,601	36,305	18,632	228,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	228,855	23,546	12,084	2,415	16.00
17.00	01700	SOCIAL SERVICE	544,206	9,374	4,811	33,387	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,758,232	712,823	365,841	1,441,064	30.00
31.00	03100	INTENSIVE CARE UNIT	2,514,926	73,023	37,477	333,670	31.00
40.00	04000	SUBPROVIDER - IPF	2,417,072	108,914	55,897	374,756	40.00
43.00	04300	NURSERY	577,329	0	0	64,958	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,831,799	215,783	110,745	205,270	50.00
51.00	05100	RECOVERY ROOM	204,380	14,853	7,623	30,752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,480,471	32,141	16,496	227,965	52.00
53.00	05300	ANESTHESIOLOGY	71,040	4,042	2,074	7,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	855,200	133,482	68,506	134,558	54.00
56.00	05600	RADIOISOTOPE	184,877	25,299	12,984	27,654	56.00
57.00	05700	CT SCAN	587,659	0	0	88,876	57.00
58.00	05800	MRI	177,446	31,824	16,333	26,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	863,192	99,832	51,236	117,801	59.00
60.00	06000	LABORATORY	1,956,197	76,310	39,164	200,749	60.00
65.00	06500	RESPIRATORY THERAPY	878,166	11,907	6,111	123,030	65.00
66.00	06600	PHYSICAL THERAPY	1,159,110	15,510	7,960	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	229,446	0	0	32	67.00
68.00	06800	SPEECH PATHOLOGY	40,744	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	515,432	50,135	25,730	66,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,522	0	0	3,513	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,913,378	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,563,321	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,219,163	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	263,831	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	1,447	35,599	18,270	138	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	474,372	74,752	38,365	77,831	90.00
91.00	09100	EMERGENCY	3,066,994	189,875	97,448	422,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,512,964	2,923,560	1,500,441	4,827,169	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,003	0	0	1,551	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,600,834	24,349	12,497	0	192.00
192.03	19203	OP PHARMACY	1,001,562	3,677	1,887	28,790	192.03
194.00	07950	FOUNDATION	14,038	4,359	2,237	2,052	194.00
194.01	07951	MARKETING	0	5,795	2,974	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	5,598,154	111,276	57,109	684,070	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	87,740,555	3,073,016	1,577,145	5,543,632	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5A.04	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING	149,969					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	21,209,562	21,209,562			5.06
7.00	00700	OPERATION OF PLANT	0	4,057,821	1,293,138	5,350,959		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,400	16,061	0	66,461	8.00
9.00	00900	HOUSEKEEPING	0	1,676,633	534,306	71,453	0	9.00
10.00	01000	DIETARY	0	943,947	300,815	199,422	0	10.00
11.00	01100	CAFETERIA	0	1,258,146	400,943	115,889	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,558,745	496,738	28,258	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	189,305	60,327	230,106	0	14.00
15.00	01500	PHARMACY	0	1,952,283	622,150	80,405	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	266,900	85,055	52,147	0	16.00
17.00	01700	SOCIAL SERVICE	0	591,778	188,587	20,762	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,052	12,296,012	3,918,457	1,578,713	48,601	30.00
31.00	03100	INTENSIVE CARE UNIT	3,095	2,962,191	943,985	161,727	5,843	31.00
40.00	04000	SUBPROVIDER - IPF	3,955	2,960,594	943,476	241,215	10,463	40.00
43.00	04300	NURSERY	372	642,659	204,801	0	1,554	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,818	2,372,415	756,036	477,901	0	50.00
51.00	05100	RECOVERY ROOM	1,280	258,888	82,502	32,895	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,241	1,758,314	560,336	71,184	0	52.00
53.00	05300	ANESTHESIOLOGY	2,701	87,664	27,937	8,952	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	1,200,416	382,546	295,628	0	54.00
56.00	05600	RADIOISOTOPE	1,634	252,448	80,450	56,030	0	56.00
57.00	05700	CT SCAN	16,260	692,795	220,779	0	0	57.00
58.00	05800	MRI	2,656	255,170	81,317	70,483	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,072	1,135,133	361,742	221,101	0	59.00
60.00	06000	LABORATORY	17,715	2,290,135	729,816	169,007	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,707	1,022,921	325,982	26,370	0	65.00
66.00	06600	PHYSICAL THERAPY	2,476	1,185,056	377,651	34,351	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	377	229,855	73,250	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	146	40,890	13,031	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,198	663,214	211,352	111,036	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117	26,152	8,334	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,422	2,914,800	928,883	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,536	1,567,857	499,642	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,471	3,233,634	1,030,488	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	454	264,285	84,222	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	5	55,459	17,674	78,841	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,027	666,347	212,350	165,556	0	90.00
91.00	09100	EMERGENCY	26,512	3,803,392	1,212,057	420,523	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,969	78,594,216	18,287,216	5,019,955	66,461	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,554	4,638	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,637,680	521,893	53,927	0	192.00
192.03	19203	OP PHARMACY	0	1,035,916	330,124	8,143	0	192.03
194.00	07950	FOUNDATION	0	22,686	7,230	9,653	0	194.00
194.01	07951	MARKETING	0	8,769	2,794	12,835	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	6,450,609	2,055,667	246,446	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	-23,875	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	149,969	87,740,555	21,209,562	5,350,959	66,461	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,282,392					9.00
10.00	01000	DIETARY	86,212	1,530,396				10.00
11.00	01100	CAFETERIA	50,100	982,579	2,807,657			11.00
13.00	01300	NURSING ADMINISTRATION	12,216	0	63,891	2,159,848		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	99,478	0	23,349	22,548	625,113	14.00
15.00	01500	PHARMACY	34,760	0	96,259	92,956	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,544	0	921	890	0	16.00
17.00	01700	SOCIAL SERVICE	8,976	0	15,647	15,110	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	682,497	405,652	1,020,186	985,178	0	30.00
31.00	03100	INTENSIVE CARE UNIT	69,916	48,770	200,669	193,783	0	31.00
40.00	04000	SUBPROVIDER - IPF	104,280	87,334	254,938	246,189	0	40.00
43.00	04300	NURSERY	0	0	40,655	39,260	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	206,602	0	92,944	89,754	0	50.00
51.00	05100	RECOVERY ROOM	14,221	0	28,433	27,457	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,774	0	142,675	137,779	0	52.00
53.00	05300	ANESTHESIOLOGY	3,870	0	4,575	4,418	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,803	0	74,923	0	0	54.00
56.00	05600	RADIOISOTOPE	24,222	0	20,242	0	0	56.00
57.00	05700	CT SCAN	0	0	58,239	0	0	57.00
58.00	05800	MRI	30,470	0	21,568	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,584	0	67,737	0	0	59.00
60.00	06000	LABORATORY	73,064	0	135,930	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,400	0	80,990	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,851	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	24	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,002	0	37,461	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,962	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	406,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	218,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	34,084	0	44	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	71,572	6,061	23,821	23,003	0	90.00
91.00	09100	EMERGENCY	181,797	0	291,526	281,523	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,139,295	1,530,396	2,799,609	2,159,848	625,113	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	762	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,313	0	0	0	0	192.00
192.03	19203	OP PHARMACY	3,520	0	5,718	0	0	192.03
194.00	07950	FOUNDATION	4,173	0	1,568	0	0	194.00
194.01	07951	MARKETING	5,549	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	106,542	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,282,392	1,530,396	2,807,657	2,159,848	625,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,878,813					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	428,457				16.00
17.00	01700	SOCIAL SERVICE	0	0	840,860			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	51,613	614,886	21,601,795	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,848	73,929	4,669,661	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	11,307	132,382	4,992,178	0	40.00
43.00	04300	NURSERY	0	1,065	19,663	949,657	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,211	0	4,020,863	0	50.00
51.00	05100	RECOVERY ROOM	0	3,660	0	448,056	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,549	0	2,704,611	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,721	0	145,137	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,789	0	2,106,105	0	54.00
56.00	05600	RADIOISOTOPE	0	4,673	0	438,065	0	56.00
57.00	05700	CT SCAN	0	46,487	0	1,018,300	0	57.00
58.00	05800	MRI	0	7,593	0	466,601	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,782	0	1,890,079	0	59.00
60.00	06000	LABORATORY	0	50,649	0	3,448,601	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,597	0	1,478,260	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,079	0	1,618,988	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,078	0	304,207	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	417	0	54,338	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,862	0	1,085,927	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	334	0	36,782	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,065	0	4,254,459	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,968	0	2,298,869	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,878,813	41,372	0	7,184,307	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	1,298	0	349,805	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	14	0	186,116	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,935	0	1,171,645	0	90.00
91.00	09100	EMERGENCY	0	75,491	0	6,266,309	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,878,813	428,457	840,860	75,189,721	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	19,954	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,236,813	0	192.00
192.03	19203	OP PHARMACY	0	0	0	1,383,421	0	192.03
194.00	07950	FOUNDATION	0	0	0	45,310	0	194.00
194.01	07951	MARKETING	0	0	0	29,947	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	0	8,859,264	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	-23,875	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,878,813	428,457	840,860	87,740,555	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.04	00570	ADMITTING	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	03950	INPATIENT RENAL DIALYSI	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03060	WOUND CARE	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.03	19203	OP PHARMACY	192.03
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,740	4,999	14,739	4.00
5.01	01160	COMMUNICATIONS	0	0	0	0	5.01
5.04	00570	ADMITTING	0	23,862	12,247	36,109	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	183,447	94,149	277,596	5.06
7.00	00700	OPERATION OF PLANT	0	439,893	225,763	665,656	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	32,263	16,558	48,821	9.00
10.00	01000	DIETARY	0	90,043	46,212	136,255	10.00
11.00	01100	CAFETERIA	0	52,326	26,855	79,181	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,759	6,548	19,307	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	103,898	53,323	157,221	14.00
15.00	01500	PHARMACY	0	36,305	18,632	54,937	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,546	12,084	35,630	16.00
17.00	01700	SOCIAL SERVICE	0	9,374	4,811	14,185	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	712,823	365,841	1,078,664	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,023	37,477	110,500	31.00
40.00	04000	SUBPROVIDER - IPF	0	108,914	55,897	164,811	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	215,783	110,745	326,528	50.00
51.00	05100	RECOVERY ROOM	0	14,853	7,623	22,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,141	16,496	48,637	52.00
53.00	05300	ANESTHESIOLOGY	0	4,042	2,074	6,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,482	68,506	201,988	54.00
56.00	05600	RADIOISOTOPE	0	25,299	12,984	38,283	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	31,824	16,333	48,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	99,832	51,236	151,068	59.00
60.00	06000	LABORATORY	0	76,310	39,164	115,474	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,907	6,111	18,018	65.00
66.00	06600	PHYSICAL THERAPY	0	15,510	7,960	23,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,135	25,730	75,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSIS	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	35,599	18,270	53,869	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	74,752	38,365	113,117	90.00
91.00	09100	EMERGENCY	0	189,875	97,448	287,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,923,560	1,500,441	4,424,001	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,349	12,497	36,846	192.00
192.03	19203	OP PHARMACY	0	3,677	1,887	5,564	192.03
194.00	07950	FOUNDATION	0	4,359	2,237	6,596	194.00
194.01	07951	MARKETING	0	5,795	2,974	8,769	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	111,276	57,109	168,385	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,073,016	1,577,145	4,650,161	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

Period:
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Cost Center Description			COMMUNICATIONS	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.04	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	0					5.01
5.04	00570	ADMITTING	0	36,132				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	278,185			5.06
7.00	00700	OPERATION OF PLANT	0	0	16,962	683,012		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	211	0	211	8.00
9.00	00900	HOUSEKEEPING	0	0	7,008	9,121	0	9.00
10.00	01000	DIETARY	0	0	3,946	25,455	0	10.00
11.00	01100	CAFETERIA	0	0	5,259	14,792	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,516	3,607	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	791	29,371	0	14.00
15.00	01500	PHARMACY	0	0	8,161	10,263	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,116	6,656	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,474	2,650	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,367	51,378	201,511	154	30.00
31.00	03100	INTENSIVE CARE UNIT	0	749	12,382	20,643	19	31.00
40.00	04000	SUBPROVIDER - IPF	0	957	12,375	30,789	33	40.00
43.00	04300	NURSERY	0	90	2,686	0	5	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,133	9,917	61,001	0	50.00
51.00	05100	RECOVERY ROOM	0	310	1,082	4,199	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	300	7,350	9,086	0	52.00
53.00	05300	ANESTHESIOLOGY	0	653	366	1,143	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,097	5,018	37,735	0	54.00
56.00	05600	RADIOISOTOPE	0	395	1,055	7,152	0	56.00
57.00	05700	CT SCAN	0	3,933	2,896	0	0	57.00
58.00	05800	MRI	0	642	1,067	8,997	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	743	4,745	28,222	0	59.00
60.00	06000	LABORATORY	0	4,285	9,573	21,573	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	897	4,276	3,366	0	65.00
66.00	06600	PHYSICAL THERAPY	0	599	4,954	4,385	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	91	961	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	35	171	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,257	2,772	14,173	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28	109	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	344	12,184	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,097	6,554	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,500	13,517	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	110	1,105	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	1	232	10,064	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	248	2,785	21,132	0	90.00
91.00	09100	EMERGENCY	0	6,271	15,898	53,677	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	36,132	239,852	640,763	211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	61	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,846	6,883	0	192.00
192.03	19203	OP PHARMACY	0	0	4,330	1,039	0	192.03
194.00	07950	FOUNDATION	0	0	95	1,232	0	194.00
194.01	07951	MARKETING	0	0	37	1,638	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	26,964	31,457	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	36,132	278,185	683,012	211	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	64,950					9.00
10.00	01000	DIETARY	2,453	168,109				10.00
11.00	01100	CAFETERIA	1,426	107,934	208,592			11.00
13.00	01300	NURSING ADMINISTRATION	348	0	4,747	35,023		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,831	0	1,735	366	192,369	14.00
15.00	01500	PHARMACY	989	0	7,151	1,507	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	642	0	68	14	0	16.00
17.00	01700	SOCIAL SERVICE	255	0	1,162	245	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,421	44,559	75,796	15,976	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,990	5,357	14,908	3,142	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,968	9,593	18,940	3,992	0	40.00
43.00	04300	NURSERY	0	0	3,020	637	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,879	0	6,905	1,455	0	50.00
51.00	05100	RECOVERY ROOM	405	0	2,112	445	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	876	0	10,600	2,234	0	52.00
53.00	05300	ANESTHESIOLOGY	110	0	340	72	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,637	0	5,566	0	0	54.00
56.00	05600	RADIOISOTOPE	689	0	1,504	0	0	56.00
57.00	05700	CT SCAN	0	0	4,327	0	0	57.00
58.00	05800	MRI	867	0	1,602	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,720	0	5,032	0	0	59.00
60.00	06000	LABORATORY	2,079	0	10,099	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	324	0	6,017	0	0	65.00
66.00	06600	PHYSICAL THERAPY	423	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,366	0	2,783	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	146	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	125,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	67,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	970	0	3	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,037	666	1,770	373	0	90.00
91.00	09100	EMERGENCY	5,173	0	21,659	4,565	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,878	168,109	207,994	35,023	192,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	57	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	663	0	0	0	0	192.00
192.03	19203	OP PHARMACY	100	0	425	0	0	192.03
194.00	07950	FOUNDATION	119	0	116	0	0	194.00
194.01	07951	MARKETING	158	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	3,032	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	64,950	168,109	208,592	35,023	192,369	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	83,616					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44,132				16.00
17.00	01700	SOCIAL SERVICE	0	0	21,060			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,330	15,400	1,516,397	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	914	1,852	173,342	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,168	3,316	249,938	0	40.00
43.00	04300	NURSERY	0	110	492	7,213	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,603	0	416,966	0	50.00
51.00	05100	RECOVERY ROOM	0	378	0	31,489	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	366	0	80,055	0	52.00
53.00	05300	ANESTHESIOLOGY	0	797	0	9,618	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,560	0	258,958	0	54.00
56.00	05600	RADIOISOTOPE	0	483	0	49,634	0	56.00
57.00	05700	CT SCAN	0	4,800	0	16,192	0	57.00
58.00	05800	MRI	0	784	0	62,187	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	907	0	193,750	0	59.00
60.00	06000	LABORATORY	0	5,230	0	168,846	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,094	0	34,319	0	65.00
66.00	06600	PHYSICAL THERAPY	0	731	0	34,562	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	111	0	1,165	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	43	0	249	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,535	0	99,928	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34	0	326	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	420	0	138,108	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,339	0	76,199	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,616	4,272	0	104,905	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	134	0	1,349	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	1	0	65,140	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	303	0	142,638	0	90.00
91.00	09100	EMERGENCY	0	7,685	0	403,374	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,616	44,132	21,060	4,336,847	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	122	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	51,238	0	192.00
192.03	19203	OP PHARMACY	0	0	0	11,534	0	192.03
194.00	07950	FOUNDATION	0	0	0	8,163	0	194.00
194.01	07951	MARKETING	0	0	0	10,602	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	0	231,655	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	83,616	44,132	21,060	4,650,161	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.04	00570	ADMITTING	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	03950	INPATIENT RENAL DIALYSI	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03060	WOUND CARE	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.03	19203	OP PHARMACY	192.03
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	126,206					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		126,206				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	400	400	33,777,684			4.00
5.01	01160	COMMUNICATIONS	0	0	0	517		5.01
5.04	00570	ADMITTING	980	980	52,035	0	285,427,350	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	7,534	7,534	1,350,412	374	0	5.06
7.00	00700	OPERATION OF PLANT	18,066	18,066	902,690	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,325	1,325	0	0	0	9.00
10.00	01000	DIETARY	3,698	3,698	0	0	0	10.00
11.00	01100	CAFETERIA	2,149	2,149	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	524	524	1,142,016	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,267	4,267	123,418	0	0	14.00
15.00	01500	PHARMACY	1,491	1,491	1,393,757	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	967	967	14,713	0	0	16.00
17.00	01700	SOCIAL SERVICE	385	385	203,429	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,275	29,275	8,780,468	117	34,385,686	30.00
31.00	03100	INTENSIVE CARE UNIT	2,999	2,999	2,033,076	10	5,894,570	31.00
40.00	04000	SUBPROVIDER - IPF	4,473	4,473	2,283,414	16	7,533,045	40.00
43.00	04300	NURSERY	0	0	395,791	0	709,512	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,862	8,862	1,250,725	0	16,796,106	50.00
51.00	05100	RECOVERY ROOM	610	610	187,371	0	2,438,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,320	1,320	1,389,006	0	2,364,335	52.00
53.00	05300	ANESTHESIOLOGY	166	166	47,570	0	5,143,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,482	5,482	819,872	0	16,514,956	54.00
56.00	05600	RADIOISOTOPE	1,039	1,039	168,500	0	3,113,317	56.00
57.00	05700	CT SCAN	0	0	541,525	0	30,970,498	57.00
58.00	05800	MRI	1,307	1,307	163,970	0	5,058,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,100	4,100	717,769	0	5,850,593	59.00
60.00	06000	LABORATORY	3,134	3,134	1,223,174	0	33,743,506	60.00
65.00	06500	RESPIRATORY THERAPY	489	489	749,632	0	7,060,205	65.00
66.00	06600	PHYSICAL THERAPY	637	637	0	0	4,716,137	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	196	0	718,022	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	277,924	68.00
69.00	06900	ELECTROCARDIOLOGY	2,059	2,059	406,525	0	9,901,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	21,406	0	222,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,708,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,639,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,562,888	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	864,953	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	1,462	1,462	838	0	9,295	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,070	3,070	474,230	0	1,955,504	90.00
91.00	09100	EMERGENCY	7,798	7,798	2,574,701	0	50,274,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,068	120,068	29,412,229	517	285,427,350	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,449	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,000	1,000	0	0	0	192.00
192.03	19203	OP PHARMACY	151	151	175,420	0	0	192.03
194.00	07950	FOUNDATION	179	179	12,500	0	0	194.00
194.01	07951	MARKETING	238	238	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	4,570	4,570	4,168,086	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,073,016	1,577,145	5,543,632	-23,875	149,969	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.349207	12.496593	0.164121	0.000000	0.000525	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			14,739	0	36,132	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.04	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000436	0.000000	0.000127	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	- 21,209,562	66,554,868				5.06
7.00	00700	OPERATION OF PLANT	0	4,057,821	99,226			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,400	0	29,720		8.00
9.00	00900	HOUSEKEEPING	0	1,676,633	1,325	0	97,901	9.00
10.00	01000	DIETARY	0	943,947	3,698	0	3,698	10.00
11.00	01100	CAFETERIA	0	1,258,146	2,149	0	2,149	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,558,745	524	0	524	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	189,305	4,267	0	4,267	14.00
15.00	01500	PHARMACY	0	1,952,283	1,491	0	1,491	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	266,900	967	0	967	16.00
17.00	01700	SOCIAL SERVICE	0	591,778	385	0	385	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,296,012	29,275	21,733	29,275	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,962,191	2,999	2,613	2,999	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,960,594	4,473	4,679	4,473	40.00
43.00	04300	NURSERY	0	642,659	0	695	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,372,415	8,862	0	8,862	50.00
51.00	05100	RECOVERY ROOM	0	258,888	610	0	610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,758,314	1,320	0	1,320	52.00
53.00	05300	ANESTHESIOLOGY	0	87,664	166	0	166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,200,416	5,482	0	5,482	54.00
56.00	05600	RADIOISOTOPE	0	252,448	1,039	0	1,039	56.00
57.00	05700	CT SCAN	0	692,795	0	0	0	57.00
58.00	05800	MRI	0	255,170	1,307	0	1,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,135,133	4,100	0	4,100	59.00
60.00	06000	LABORATORY	0	2,290,135	3,134	0	3,134	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,022,921	489	0	489	65.00
66.00	06600	PHYSICAL THERAPY	0	1,185,056	637	0	637	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	229,855	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	40,890	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	663,214	2,059	0	2,059	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,152	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,914,800	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,567,857	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,233,634	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	264,285	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	55,459	1,462	0	1,462	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	666,347	3,070	0	3,070	90.00
91.00	09100	EMERGENCY	0	3,803,392	7,798	0	7,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	- 21,209,562	57,384,654	93,088	29,720	91,763	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,554	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,637,680	1,000	0	1,000	192.00
192.03	19203	OP PHARMACY	0	1,035,916	151	0	151	192.03
194.00	07950	FOUNDATION	0	22,686	179	0	179	194.00
194.01	07951	MARKETING	0	8,769	238	0	238	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	6,450,609	4,570	0	4,570	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		21,209,562	5,350,959	66,461	2,282,392	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.318678	53.926985	2.236238	23.313265	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		278,185	683,012	211	64,950	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.004180	6.883397	0.007100	0.663425	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5A.06	5.06	7.00	8.00	9.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	290,610					10.00
11.00	01100	CAFETERIA	186,584	1,267,896				11.00
13.00	01300	NURSING ADMINISTRATION	0	28,852	1,010,014			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,544	10,544	4,478,766		14.00
15.00	01500	PHARMACY	0	43,469	43,469	0	3,230,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	416	416	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,066	7,066	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,030	460,701	460,701	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,261	90,619	90,619	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	16,584	115,126	115,126	0	0	40.00
43.00	04300	NURSERY	0	18,359	18,359	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	41,972	41,972	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,840	12,840	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	64,430	64,430	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,066	2,066	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,834	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	9,141	0	0	0	56.00
57.00	05700	CT SCAN	0	26,300	0	0	0	57.00
58.00	05800	MRI	0	9,740	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,589	0	0	0	59.00
60.00	06000	LABORATORY	0	61,384	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	36,574	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,917	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	886	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,913,978	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,564,788	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,230,336	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	20	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,151	10,757	10,757	0	0	90.00
91.00	09100	EMERGENCY	0	131,649	131,649	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,610	1,264,262	1,010,014	4,478,766	3,230,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	344	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03	19203	OP PHARMACY	0	2,582	0	0	0	192.03
194.00	07950	FOUNDATION	0	708	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,530,396	2,807,657	2,159,848	625,113	2,878,813	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.266151	2.214422	2.138434	0.139573	0.891181	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	168,109	208,592	35,023	192,369	83,616	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.578469	0.164518	0.034676	0.042951	0.025885	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.04	00570	ADMITTING		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	285,427,350	16.00
17.00	01700	SOCIAL SERVICE	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	34,385,686	30.00
31.00	03100	INTENSIVE CARE UNIT	5,894,570	31.00
40.00	04000	SUBPROVIDER - IPF	7,533,045	40.00
43.00	04300	NURSERY	709,512	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	16,796,106	50.00
51.00	05100	RECOVERY ROOM	2,438,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,364,335	52.00
53.00	05300	ANESTHESIOLOGY	5,143,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,514,956	54.00
56.00	05600	RADIOISOTOPE	3,113,317	56.00
57.00	05700	CT SCAN	30,970,498	57.00
58.00	05800	MRI	5,058,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,850,593	59.00
60.00	06000	LABORATORY	33,743,506	60.00
65.00	06500	RESPIRATORY THERAPY	7,060,205	65.00
66.00	06600	PHYSICAL THERAPY	4,716,137	66.00
67.00	06700	OCCUPATIONAL THERAPY	718,022	67.00
68.00	06800	SPEECH PATHOLOGY	277,924	68.00
69.00	06900	ELECTROCARDIOLOGY	9,901,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	222,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,708,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,639,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,562,888	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	864,953	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	76.00
76.01	03060	WOUND CARE	9,295	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1,955,504	90.00
91.00	09100	EMERGENCY	50,274,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	285,427,350	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.03	19203	OP PHARMACY	0	192.03
194.00	07950	FOUNDATION	0	194.00
194.01	07951	MARKETING	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	194.03
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	428,457	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001501	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,132	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000155	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		16.00	17.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

MCRIF32 - 16.1.168.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 10:10 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,238,698		31,238,698		30.00
31.00	03100	INTENSIVE CARE UNIT	5,894,570		5,894,570		31.00
40.00	04000	SUBPROVIDER - IPF	7,533,045		7,533,045		40.00
43.00	04300	NURSERY	709,512		709,512		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,248,973	11,547,133	16,796,106	0.239393	0.000000
51.00	05100	RECOVERY ROOM	866,818	1,571,255	2,438,073	0.183775	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,023,805	340,530	2,364,335	1.143920	0.000000
53.00	05300	ANESTHESIOLOGY	1,645,858	3,498,093	5,143,951	0.028215	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,072,405	11,442,551	16,514,956	0.127527	0.000000
56.00	05600	RADIOISOTOPE	1,155,398	1,957,919	3,113,317	0.140707	0.000000
57.00	05700	CT SCAN	10,686,825	20,283,673	30,970,498	0.032880	0.000000
58.00	05800	MRI	1,873,782	3,184,896	5,058,678	0.092238	0.000000
59.00	05900	CARDIAC CATHETERIZATION	4,098,202	1,752,391	5,850,593	0.323058	0.000000
60.00	06000	LABORATORY	20,162,747	13,580,759	33,743,506	0.102200	0.000000
65.00	06500	RESPIRATORY THERAPY	6,600,733	459,472	7,060,205	0.209379	0.000000
66.00	06600	PHYSICAL THERAPY	978,372	3,737,765	4,716,137	0.343287	0.000000
67.00	06700	OCCUPATIONAL THERAPY	679,215	38,807	718,022	0.423674	0.000000
68.00	06800	SPEECH PATHOLOGY	263,932	13,992	277,924	0.195514	0.000000
69.00	06900	ELECTROCARDIOLOGY	5,256,723	4,644,377	9,901,100	0.109677	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	179,424	43,146	222,570	0.165260	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,143,968	1,564,099	2,708,067	1.571032	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,665,940	4,973,919	8,639,859	0.266077	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	15,788,833	11,774,055	27,562,888	0.260651	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
75.01	03950	INPATIENT RENAL DIALYSI	845,109	19,844	864,953	0.404421	0.000000
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000
76.01	03060	WOUND CARE	0	9,295	9,295	20.023238	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,706	1,952,798	1,955,504	0.599152	0.000000
91.00	09100	EMERGENCY	12,205,345	38,068,655	50,274,000	0.124643	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	891,029	2,255,959	3,146,988	0.405986	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	146,711,967	138,715,383	285,427,350		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	146,711,967	138,715,383	285,427,350		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.239393		50.00
51.00	05100	RECOVERY ROOM	0.183775		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146124		52.00
53.00	05300	ANESTHESIOLOGY	0.030226		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127527		54.00
56.00	05600	RADIOISOTOPE	0.140707		56.00
57.00	05700	CT SCAN	0.032880		57.00
58.00	05800	MRI	0.092238		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.323058		59.00
60.00	06000	LABORATORY	0.102200		60.00
65.00	06500	RESPIRATORY THERAPY	0.209379		65.00
66.00	06600	PHYSICAL THERAPY	0.343287		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423674		67.00
68.00	06800	SPEECH PATHOLOGY	0.195514		68.00
69.00	06900	ELECTROCARDIOLOGY	0.109677		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165260		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.571032		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.266077		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260651		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.404421		75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03060	WOUND CARE	20.023238		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.600490		90.00
91.00	09100	EMERGENCY	0.124946		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.405986		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 10:10 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,601,795		21,601,795	2,940	21,604,735	30.00
31.00	03100	INTENSIVE CARE UNIT	4,669,661		4,669,661	0	4,669,661	31.00
40.00	04000	SUBPROVIDER - IPF	4,992,178		4,992,178	0	4,992,178	40.00
43.00	04300	NURSERY	949,657		949,657	0	949,657	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,020,863		4,020,863	0	4,020,863	50.00
51.00	05100	RECOVERY ROOM	448,056		448,056	0	448,056	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,704,611		2,704,611	5,210	2,709,821	52.00
53.00	05300	ANESTHESIOLOGY	145,137		145,137	10,342	155,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,106,105		2,106,105	0	2,106,105	54.00
56.00	05600	RADIOISOTOPE	438,065		438,065	0	438,065	56.00
57.00	05700	CT SCAN	1,018,300		1,018,300	0	1,018,300	57.00
58.00	05800	MRI	466,601		466,601	0	466,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,890,079		1,890,079	0	1,890,079	59.00
60.00	06000	LABORATORY	3,448,601		3,448,601	0	3,448,601	60.00
65.00	06500	RESPIRATORY THERAPY	1,478,260	0	1,478,260	0	1,478,260	65.00
66.00	06600	PHYSICAL THERAPY	1,618,988	0	1,618,988	0	1,618,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	304,207	0	304,207	0	304,207	67.00
68.00	06800	SPEECH PATHOLOGY	54,338	0	54,338	0	54,338	68.00
69.00	06900	ELECTROCARDIOLOGY	1,085,927		1,085,927	0	1,085,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,782		36,782	0	36,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,254,459		4,254,459	0	4,254,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,298,869		2,298,869	0	2,298,869	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,184,307		7,184,307	0	7,184,307	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	349,805		349,805	0	349,805	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03060	WOUND CARE	186,116		186,116	0	186,116	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,171,645		1,171,645	2,615	1,174,260	90.00
91.00	09100	EMERGENCY	6,266,309		6,266,309	15,219	6,281,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,277,633		1,277,633		1,277,633	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	76,467,354	0	76,467,354	36,326	76,503,680	200.00
201.00		Less Observation Beds	1,277,633		1,277,633		1,277,633	201.00
202.00		Total (see instructions)	75,189,721	0	75,189,721	36,326	75,226,047	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 10:10 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	31,238,698		31,238,698			30.00	
31.00	03100	INTENSIVE CARE UNIT	5,894,570		5,894,570			31.00	
40.00	04000	SUBPROVIDER - IPF	7,533,045		7,533,045			40.00	
43.00	04300	NURSERY	709,512		709,512			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,248,973	11,547,133	16,796,106	0.239393	0.239393	50.00	
51.00	05100	RECOVERY ROOM	866,818	1,571,255	2,438,073	0.183775	0.183775	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,023,805	340,530	2,364,335	1.143920	1.143920	52.00	
53.00	05300	ANESTHESIOLOGY	1,645,858	3,498,093	5,143,951	0.028215	0.028215	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,072,405	11,442,551	16,514,956	0.127527	0.127527	54.00	
56.00	05600	RADIOISOTOPE	1,155,398	1,957,919	3,113,317	0.140707	0.140707	56.00	
57.00	05700	CT SCAN	10,686,825	20,283,673	30,970,498	0.032880	0.032880	57.00	
58.00	05800	MRI	1,873,782	3,184,896	5,058,678	0.092238	0.092238	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,098,202	1,752,391	5,850,593	0.323058	0.323058	59.00	
60.00	06000	LABORATORY	20,162,747	13,580,759	33,743,506	0.102200	0.102200	60.00	
65.00	06500	RESPIRATORY THERAPY	6,600,733	459,472	7,060,205	0.209379	0.209379	65.00	
66.00	06600	PHYSICAL THERAPY	978,372	3,737,765	4,716,137	0.343287	0.343287	66.00	
67.00	06700	OCCUPATIONAL THERAPY	679,215	38,807	718,022	0.423674	0.423674	67.00	
68.00	06800	SPEECH PATHOLOGY	263,932	13,992	277,924	0.195514	0.195514	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,256,723	4,644,377	9,901,100	0.109677	0.109677	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	179,424	43,146	222,570	0.165260	0.165260	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,143,968	1,564,099	2,708,067	1.571032	1.571032	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,665,940	4,973,919	8,639,859	0.266077	0.266077	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	15,788,833	11,774,055	27,562,888	0.260651	0.260651	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	03950	INPATIENT RENAL DIALYSI	845,109	19,844	864,953	0.404421	0.404421	75.01	
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000	76.00	
76.01	03060	WOUND CARE	0	9,295	9,295	20.023238	20.023238	76.01	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,706	1,952,798	1,955,504	0.599152	0.599152	90.00	
91.00	09100	EMERGENCY	12,205,345	38,068,655	50,274,000	0.124643	0.124643	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	891,029	2,255,959	3,146,988	0.405986	0.405986	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	146,711,967	138,715,383	285,427,350			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	146,711,967	138,715,383	285,427,350			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.000000		75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03060	WOUND CARE	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/15/2020 10:10 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,516,397	0	1,516,397	23,099	65.65	30.00
31.00	INTENSIVE CARE UNIT	173,342		173,342	2,613	66.34	31.00
40.00	SUBPROVIDER - IPF	249,938	0	249,938	4,679	53.42	40.00
43.00	NURSERY	7,213		7,213	695	10.38	43.00
200.00	Total (lines 30 through 199)	1,946,890		1,946,890	31,086		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,743	442,678				
31.00	INTENSIVE CARE UNIT	1,033	68,529				
40.00	SUBPROVIDER - IPF	2,831	151,232				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	10,607	662,439				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	416,966	16,796,106	0.024825	1,423,224	35,332	50.00
51.00	05100	RECOVERY ROOM	31,489	2,438,073	0.012916	272,543	3,520	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,055	2,364,335	0.033859	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,618	5,143,951	0.001870	452,450	846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	258,958	16,514,956	0.015680	2,011,127	31,534	54.00
56.00	05600	RADIOISOTOPE	49,634	3,113,317	0.015942	368,722	5,878	56.00
57.00	05700	CT SCAN	16,192	30,970,498	0.000523	4,019,842	2,102	57.00
58.00	05800	MRI	62,187	5,058,678	0.012293	630,466	7,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	193,750	5,850,593	0.033116	1,485,943	49,208	59.00
60.00	06000	LABORATORY	168,846	33,743,506	0.005004	7,201,117	36,034	60.00
65.00	06500	RESPIRATORY THERAPY	34,319	7,060,205	0.004861	3,172,965	15,424	65.00
66.00	06600	PHYSICAL THERAPY	34,562	4,716,137	0.007328	436,921	3,202	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,165	718,022	0.001623	327,436	531	67.00
68.00	06800	SPEECH PATHOLOGY	249	277,924	0.000896	137,734	123	68.00
69.00	06900	ELECTROCARDIOLOGY	99,928	9,901,100	0.010093	2,069,922	20,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326	222,570	0.001465	70,611	103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,108	2,708,067	0.050999	304,070	15,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,199	8,639,859	0.008819	1,531,522	13,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,905	27,562,888	0.003806	5,865,191	22,323	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	1,349	864,953	0.001560	495,566	773	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060	WOUND CARE	65,140	9,295	7.008069	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	142,638	1,955,504	0.072942	1,444	105	90.00
91.00	09100	EMERGENCY	403,374	50,274,000	0.008024	4,097,306	32,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	89,675	3,146,988	0.028496	344,399	9,814	92.00
200.00		Total (lines 50 through 199)	2,479,632	240,051,525		36,720,521	307,384	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/15/2020 10:10 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	23,099	0.00	6,743	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,613	0.00	1,033	31.00	
40.00	04000	SUBPROVIDER - IPF	0		0	4,679	0.00	2,831	40.00	
43.00	04300	NURSERY			0	695	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	31,086		10,607	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
40.00	04000	SUBPROVIDER - IPF		0						40.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 10:10 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/15/2020 10:10 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	16,796,106	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,438,073	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,364,335	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,143,951	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,514,956	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	3,113,317	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,970,498	0.000000	57.00
58.00	05800	MRI	0	0	0	5,058,678	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,850,593	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	33,743,506	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,060,205	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,716,137	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	718,022	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	277,924	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,901,100	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	222,570	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,708,067	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,639,859	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,562,888	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	864,953	0.000000	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	9,295	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,955,504	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	50,274,000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,146,988	0.000000	92.00
200.00	Total (lines 50 through 199)		0	0	0	240,051,525		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,423,224	0	2,069,747	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	272,543	0	351,732	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	452,450	0	610,607	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,011,127	0	1,241,157	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	368,722	0	545,792	0	56.00
57.00	05700	CT SCAN	0.000000	4,019,842	0	3,543,335	0	57.00
58.00	05800	MRI	0.000000	630,466	0	615,882	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,485,943	0	625,767	0	59.00
60.00	06000	LABORATORY	0.000000	7,201,117	0	1,405,055	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,172,965	0	119,507	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	436,921	0	7,680	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	327,436	0	3,828	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	137,734	0	636	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,069,922	0	869,111	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70,611	0	11,430	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	304,070	0	408,805	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,531,522	0	1,311,848	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,865,191	0	1,795,334	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.000000	495,566	0	19,844	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060	WOUND CARE	0.000000	0	0	1,690	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	1,444	0	217,151	0	90.00
91.00	09100	EMERGENCY	0.000000	4,097,306	0	4,011,770	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	344,399	0	383,328	0	92.00
200.00		Total (lines 50 through 199)		36,720,521	0	20,171,036	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/15/2020 10:10 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.239393	2,069,747	0	0	495,483	50.00
51.00	05100	RECOVERY ROOM	0.183775	351,732	0	0	64,640	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.143920	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028215	610,607	0	0	17,228	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127527	1,241,157	0	0	158,281	54.00
56.00	05600	RADIOISOTOPE	0.140707	545,792	0	0	76,797	56.00
57.00	05700	CT SCAN	0.032880	3,543,335	0	0	116,505	57.00
58.00	05800	MRI	0.092238	615,882	0	0	56,808	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.323058	625,767	0	0	202,159	59.00
60.00	06000	LABORATORY	0.102200	1,405,055	0	0	143,597	60.00
65.00	06500	RESPIRATORY THERAPY	0.209379	119,507	0	0	25,022	65.00
66.00	06600	PHYSICAL THERAPY	0.343287	7,680	0	0	2,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423674	3,828	0	0	1,622	67.00
68.00	06800	SPEECH PATHOLOGY	0.195514	636	0	0	124	68.00
69.00	06900	ELECTROCARDIOLOGY	0.109677	869,111	0	0	95,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165260	11,430	0	0	1,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.571032	408,805	0	0	642,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.266077	1,311,848	0	0	349,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260651	1,795,334	137	43,071	467,956	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.404421	19,844	0	0	8,025	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060	WOUND CARE	20.023238	1,690	0	0	33,839	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.599152	217,151	0	0	130,106	90.00
91.00	09100	EMERGENCY	0.124643	4,011,770	0	0	500,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.405986	383,328	0	0	155,626	92.00
200.00		Subtotal (see instructions)		20,171,036	137	43,071	3,745,002	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		20,171,036	137	43,071	3,745,002	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/15/2020 10:10 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36	11,226		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0		75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0		76.00
76.01	03060	WOUND CARE	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	36	11,226		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	36	11,226		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0292

Period:

Worksheet D

Component CCN: 14-S292

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 10:10 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	416,966	16,796,106	0.024825	0	0	50.00
51.00	05100	RECOVERY ROOM	31,489	2,438,073	0.012916	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,055	2,364,335	0.033859	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,618	5,143,951	0.001870	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	258,958	16,514,956	0.015680	51,440	807	54.00
56.00	05600	RADIOISOTOPE	49,634	3,113,317	0.015942	0	0	56.00
57.00	05700	CT SCAN	16,192	30,970,498	0.000523	44,460	23	57.00
58.00	05800	MRI	62,187	5,058,678	0.012293	19,570	241	58.00
59.00	05900	CARDIAC CATHETERIZATION	193,750	5,850,593	0.033116	0	0	59.00
60.00	06000	LABORATORY	168,846	33,743,506	0.005004	622,555	3,115	60.00
65.00	06500	RESPIRATORY THERAPY	34,319	7,060,205	0.004861	108,636	528	65.00
66.00	06600	PHYSICAL THERAPY	34,562	4,716,137	0.007328	70,052	513	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,165	718,022	0.001623	32,036	52	67.00
68.00	06800	SPEECH PATHOLOGY	249	277,924	0.000896	13,038	12	68.00
69.00	06900	ELECTROCARDIOLOGY	99,928	9,901,100	0.010093	84,484	853	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326	222,570	0.001465	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,108	2,708,067	0.050999	56	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,199	8,639,859	0.008819	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,905	27,562,888	0.003806	661,068	2,516	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	1,349	864,953	0.001560	25,256	39	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060	WOUND CARE	65,140	9,295	7.008069	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	142,638	1,955,504	0.072942	0	0	90.00
91.00	09100	EMERGENCY	403,374	50,274,000	0.008024	219,750	1,763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,146,988	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	2,389,957	240,051,525		1,952,401	10,465	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 10:10 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI		0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0	0	0	0	0	76.00
76.01	03060	WOUND CARE		0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 10:10 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	16,796,106	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	2,438,073	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,364,335	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	5,143,951	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	16,514,956	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	3,113,317	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	30,970,498	0.000000	57.00
58.00	05800	MRI		0	0	0	5,058,678	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	5,850,593	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	33,743,506	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	7,060,205	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	4,716,137	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	718,022	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	277,924	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	9,901,100	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	222,570	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	2,708,067	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,639,859	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	27,562,888	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	03950	INPATIENT RENAL DIALYSI		0	0	0	864,953	0.000000	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE		0	0	0	9,295	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,955,504	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	50,274,000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	3,146,988	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	240,051,525		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 10:10 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	51,440	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	44,460	0	0	0	0	57.00
58.00	05800	MRI	0.000000	19,570	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	622,555	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	108,636	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	70,052	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	32,036	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	13,038	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	84,484	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	56	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	661,068	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.000000	25,256	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0.000000	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	219,750	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,952,401	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0292

Period:

Worksheet D

Component CCN: 14-S292

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 10:10 am

Title XIX

Subprovider -
IPF

TEFRA

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	416,966	16,796,106	0.024825	0	0	50.00
51.00	05100	RECOVERY ROOM	31,489	2,438,073	0.012916	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,055	2,364,335	0.033859	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,618	5,143,951	0.001870	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	258,958	16,514,956	0.015680	0	0	54.00
56.00	05600	RADIOISOTOPE	49,634	3,113,317	0.015942	0	0	56.00
57.00	05700	CT SCAN	16,192	30,970,498	0.000523	0	0	57.00
58.00	05800	MRI	62,187	5,058,678	0.012293	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	193,750	5,850,593	0.033116	0	0	59.00
60.00	06000	LABORATORY	168,846	33,743,506	0.005004	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	34,319	7,060,205	0.004861	0	0	65.00
66.00	06600	PHYSICAL THERAPY	34,562	4,716,137	0.007328	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,165	718,022	0.001623	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	249	277,924	0.000896	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	99,928	9,901,100	0.010093	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326	222,570	0.001465	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,108	2,708,067	0.050999	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,199	8,639,859	0.008819	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,905	27,562,888	0.003806	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	1,349	864,953	0.001560	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060	WOUND CARE	65,140	9,295	7.008069	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	142,638	1,955,504	0.072942	0	0	90.00
91.00	09100	EMERGENCY	403,374	50,274,000	0.008024	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,146,988	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	2,389,957	240,051,525		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 10:10 am	
				Title XIX		Subprovider - IPF		TEFRA	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI		0	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0	0	0	0	0	76.00
76.01	03060	WOUND CARE		0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0292
Component CCN: 14-S292

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description			Title XIX		Subprovider - IPF		TEFRA	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	16,796,106	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,438,073	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,364,335	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,143,951	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,514,956	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	3,113,317	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	30,970,498	0.000000	57.00
58.00	05800	MRI	0	0	0	5,058,678	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,850,593	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	33,743,506	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,060,205	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,716,137	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	718,022	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	277,924	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,901,100	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	222,570	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,708,067	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,639,859	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,562,888	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0	0	0	864,953	0.000000	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	9,295	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,955,504	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	50,274,000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,146,988	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	240,051,525		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 10:10 am	
				Title XIX		Subprovider - IPF		TEFRA	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI		0.000000	0	0	0	0	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0.000000	0	0	0	0	76.00
76.01	03060	WOUND CARE		0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 10:10 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,099	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,099	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,733	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,743	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,604,735	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		21,604,735	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,604,735	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		935.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,306,795	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,306,795	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,669,661	2,613	1,787.09	1,033	1,846,064
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,604,863
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,757,722
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					511,207
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					307,384
52.00	Total Program excludable cost (sum of lines 50 and 51)					818,591
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,939,131
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,366
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					935.31
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,277,633

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,516,397	21,604,735	0.070188	1,277,633	89,675	90.00
91.00 Nursing School cost	0	21,604,735	0.000000	1,277,633	0	91.00
92.00 Allied health cost	0	21,604,735	0.000000	1,277,633	0	92.00
93.00 All other Medical Education	0	21,604,735	0.000000	1,277,633	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0292 Component CCN: 14-S292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 10:10 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,679	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,679	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,679	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,831	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,992,178	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,992,178	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,992,178	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,066.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,020,479	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,020,479	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
			Component CCN: 14-S292		Date/Time Prepared: 7/15/2020 10:10 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					355,701
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,376,180
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					151,232
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,465
52.00 Total Program excludable cost (sum of lines 50 and 51)					161,697
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,214,483
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/15/2020 10:10 am
			Title XVIII		Subprovider - IPF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	249,938	4,992,178	0.050066	0	0	90.00
91.00	Nursing School cost	0	4,992,178	0.000000	0	0	91.00
92.00	Allied health cost	0	4,992,178	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,992,178	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0292 Component CCN: 14-S292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 10:10 am
		Title XIX	Subprovider - IPF	TEFRA
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,679	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,679	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,679	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		41	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		695	15.00
16.00	Nursery days (title V or XIX only)		239	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,992,178	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,992,178	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,992,178	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,066.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		43,744	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		43,744	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 14-S292		Date/Time Prepared: 7/15/2020 10:10 am	
				Title XIX		Subprovider - IPF	TEFRA
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,744	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,744	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					4	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-43,744	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292

Period:

Worksheet D-1

Component CCN: 14-S292

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 10:10 am

Title XIX

Subprovider -
IPF

TEFRA

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	4,992,178	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,992,178	0.000000	0	0	91.00
92.00	Allied health cost	0	4,992,178	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,992,178	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/15/2020 10:10 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		9,284,451		30.00
31.00	03100	INTENSIVE CARE UNIT		2,713,594		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.239393	1,423,224	340,710	50.00
51.00	05100	RECOVERY ROOM	0.183775	272,543	50,087	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146124	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030226	452,450	13,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127527	2,011,127	256,473	54.00
56.00	05600	RADIOISOTOPE	0.140707	368,722	51,882	56.00
57.00	05700	CT SCAN	0.032880	4,019,842	132,172	57.00
58.00	05800	MRI	0.092238	630,466	58,153	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.323058	1,485,943	480,046	59.00
60.00	06000	LABORATORY	0.102200	7,201,117	735,954	60.00
65.00	06500	RESPIRATORY THERAPY	0.209379	3,172,965	664,352	65.00
66.00	06600	PHYSICAL THERAPY	0.343287	436,921	149,989	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423674	327,436	138,726	67.00
68.00	06800	SPEECH PATHOLOGY	0.195514	137,734	26,929	68.00
69.00	06900	ELECTROCARDIOLOGY	0.109677	2,069,922	227,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165260	70,611	11,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.571032	304,070	477,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.266077	1,531,522	407,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260651	5,865,191	1,528,768	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950	INPATIENT RENAL DIALYSI	0.404421	495,566	200,417	75.01
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	76.00
76.01	03060	WOUND CARE	20.023238	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.600490	1,444	867	90.00
91.00	09100	EMERGENCY	0.124946	4,097,306	511,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.405986	344,399	139,821	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,720,521	6,604,863	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		36,720,521		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0292 Component CCN: 14-S292	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/15/2020 10:10 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		4,556,600		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.239393	0	0	50.00
51.00	05100 RECOVERY ROOM	0.183775	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.146124	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030226	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127527	51,440	6,560	54.00
56.00	05600 RADIOISOTOPE	0.140707	0	0	56.00
57.00	05700 CT SCAN	0.032880	44,460	1,462	57.00
58.00	05800 MRI	0.092238	19,570	1,805	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.323058	0	0	59.00
60.00	06000 LABORATORY	0.102200	622,555	63,625	60.00
65.00	06500 RESPIRATORY THERAPY	0.209379	108,636	22,746	65.00
66.00	06600 PHYSICAL THERAPY	0.343287	70,052	24,048	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.423674	32,036	13,573	67.00
68.00	06800 SPEECH PATHOLOGY	0.195514	13,038	2,549	68.00
69.00	06900 ELECTROCARDIOLOGY	0.109677	84,484	9,266	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165260	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.571032	56	88	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.266077	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.260651	661,068	172,308	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 INPATIENT RENAL DIALYSI	0.404421	25,256	10,214	75.01
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	76.00
76.01	03060 WOUND CARE	20.023238	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.600490	0	0	90.00
91.00	09100 EMERGENCY	0.124946	219,750	27,457	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.405986	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,952,401	355,701	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,952,401		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			9,433,267	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,790,205	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			87,228	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			771	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			118.09	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)			31.69	31.00
32.00	Sum of lines 30 and 31			38.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)			20.66	33.00
34.00	Disproportionate share adjustment (see instructions)			631,342	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/15/2020 10:10 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,208,348	708,425	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	903,778	178,074	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,081,852		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)	14,024,665		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		14,024,665	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,071,317	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		15,095,982	
60.00	Primary payer payments		3,636	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,092,346	
62.00	Deductibles billed to program beneficiaries		1,149,516	
63.00	Coinurance billed to program beneficiaries		123,430	
64.00	Allowable bad debts (see instructions)		696,125	
65.00	Adjusted reimbursable bad debts (see instructions)		452,481	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		601,423	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,271,881	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-33,508	
70.94	HRR adjustment amount (see instructions)		-10,376	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/15/2020 10:10 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			14,227,997	71.00
71.01	Sequestration adjustment (see instructions)			284,560	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			13,808,338	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			135,099	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			624,055	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,433,267	0	9,433,267		9,433,267
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,790,205	0		2,790,205	2,790,205
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	87,228	0	87,228		87,228
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	771	0		771	771
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2066	0.2066	0.2066	0.2066	
11.00	Disproportionate share adjustment (see instructions)	34.00	631,342	0	487,228	144,114	631,342
11.01	Uncompensated care payments	36.00	1,081,852	0	1,128,418	304,570	1,432,988
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	14,024,665	0	10,785,005	3,239,660	14,024,665
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,024,665	0	10,785,005	3,239,660	14,024,665
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,071,317	0	830,910	240,407	1,071,317

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	11,615,915	3,480,067	15,095,982
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	990,023	0	767,486	222,537	990,023
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	1,795	0	1,795	0	1,795
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0803	0.0803	0.0803	0.0803	
25.00	Disproportionate share adjustment (see instructions)	11.00	79,499	0	61,629	17,870	79,499
26.00	Total prospective capital payments (see instructions)	12.00	1,071,317	0	830,910	240,407	1,071,317
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,433,267	9,433,267		9,433,267	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,790,205		2,790,205	2,790,205	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	87,228	87,228		87,228	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	771		771	771	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2066	0.2066	0.2066		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	631,342	487,228	144,114	631,342	11.00
11.01	Uncompensated care payments	36.00	1,081,852	1,128,418	303,738	1,432,156	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,024,665	10,785,837	3,238,828	14,024,665	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,024,665	10,785,837	3,238,828	14,024,665	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,071,317	830,910	240,407	1,071,317	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			11,616,747	3,479,235	15,095,982	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	990,023	767,486	222,537	990,023	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,795	1,795	0	1,795	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0803	0.0803	0.0803		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	79,499	61,629	17,870	79,499	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,071,317	830,910	240,407	1,071,317	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-33,508	-34,387	879	-33,508	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-10,376	-10,376	0	-10,376	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/15/2020 10:10 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,262	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,745,002	2.00
3.00	OPPS payments		3,309,591	3.00
4.00	Outlier payment (see instructions)		3,063	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,262	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		43,208	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		43,208	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		43,208	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31,946	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		11,262	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		3,312,654	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		27	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		599,491	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,724,398	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,724,398	30.00
31.00	Primary payer payments		627	31.00
32.00	Subtotal (line 30 minus line 31)		2,723,771	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		175,276	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		113,929	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		151,918	36.00
37.00	Subtotal (see instructions)		2,837,700	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,837,700	40.00
40.01	Sequestration adjustment (see instructions)		56,754	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		2,771,199	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		9,747	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		13,776,133		2,669,629	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		204,089		45,013	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	11/25/2019	56,557	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	11/25/2019	171,884		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-171,884		56,557	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,808,338		2,771,199	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		135,099		9,747	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		13,943,437		2,780,946	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0292

Period:

Worksheet E-1

Component CCN: 14-S292

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 10:10 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,611,819		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/04/2019	42,405		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		42,405		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,654,224		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		9,129		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,663,353		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/15/2020 10:10 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292 Component CCN: 14-S292	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 7/15/2020 10:10 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,825,719 1.00
2.00	Net IPF PPS Outlier Payments			10,223 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			12.819178 9.00
10.00	Teaching Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,835,942 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,835,942 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,835,942 18.00
19.00	Deductibles			135,012 19.00
20.00	Subtotal (line 18 minus line 19)			2,700,930 20.00
21.00	Coinsurance			35,805 21.00
22.00	Subtotal (line 20 minus line 21)			2,665,125 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			80,896 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			52,582 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			66,297 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,717,707 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,717,707 31.00
31.01	Sequestration adjustment (see instructions)			54,354 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,654,224 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			9,129 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			10,223 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
7/15/2020 10:10 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-12,429,197	0	0	0	1.00
2.00	Temporary investments	27	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	42,509,348	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,221,223	0	0	0	6.00
7.00	Inventory	1,802,999	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	212,313	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	5,874,267	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,869,112	0	0	0	12.00
13.00	Land improvements	647,781	0	0	0	13.00
14.00	Accumulated depreciation	-326,047	0	0	0	14.00
15.00	Buildings	41,736,871	0	0	0	15.00
16.00	Accumulated depreciation	-20,736,314	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	9,750,190	0	0	0	19.00
20.00	Accumulated depreciation	-7,483,076	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	17,409,849	0	0	0	23.00
24.00	Accumulated depreciation	-15,297,471	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	27,570,895	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	762,707	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,550,288	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,312,995	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,758,157	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,023,160	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,063,142	0	0	0	38.00
39.00	Payroll taxes payable	2,014,202	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,229,315	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,329,819	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	9,254,480	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	291,488	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,545,968	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,875,787	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,882,370				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,882,370	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,758,157	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
7/15/2020 10:10 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		9,213,509		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,457,538				2.00
3.00	Total (sum of line 1 and line 2)		15,671,047		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		15,671,047		0		11.00
12.00	CHANGE IN UNRESTRICTED NET ASSETS	788,677		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		788,677		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,882,370		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	CHANGE IN UNRESTRICTED NET ASSETS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/15/2020 10:10 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,318,237		32,318,237	1.00
2.00	SUBPROVIDER - IPF	7,533,045		7,533,045	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	39,851,282		39,851,282	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,921,112		5,921,112	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,921,112		5,921,112	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	45,772,394		45,772,394	17.00
18.00	Ancillary services	88,441,216	100,753,047	189,194,263	18.00
19.00	Outpatient services	12,222,392	38,068,068	50,290,460	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHARMACY	0	999,628	999,628	27.00
27.01	PHYSICIAN REVENUE	0	435,033	435,033	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	146,436,002	140,255,776	286,691,778	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		92,764,046		29.00
30.00	BAD DEBT	4,734,994			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		4,734,994		36.00
37.00	NON RECURRING EXPENSES	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		97,499,040		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
7/15/2020 10:10 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	286,691,778	1.00
2.00	Less contractual allowances and discounts on patients' accounts	191,304,620	2.00
3.00	Net patient revenues (line 1 minus line 2)	95,387,158	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	97,499,040	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,111,882	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE; OTHER OPER; NON OPER	8,569,420	24.00
25.00	Total other income (sum of lines 6-24)	8,569,420	25.00
26.00	Total (line 5 plus line 25)	6,457,538	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,457,538	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0292

Period:
From 01/01/2019
To 12/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
7/15/2020 10:10 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		990,023	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,795	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		66.86	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.69	8.00
9.00	Sum of lines 7 and 8		38.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.03	10.00
11.00	Disproportionate share adjustment (see instructions)		79,499	11.00
12.00	Total prospective capital payments (see instructions)		1,071,317	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00